

**CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS
STATE OF LOUISIANA**

NO: 2016-08827

**DIVISION: F
GREEN, MARLON**

SECTION: 07

Versus

YATES, DANNY ET AL

CITATION - LONG ARM

TO: DANNY YATES
THROUGH: THE LOUISIANA LONG ARM STATUTE FORT BRAGG FEDERAL CREDIT UNION,
MEMBER SERVICES
1638 SKIBO RD, FAYETTEVILLE, NC 28303

YOU HAVE BEEN SUED:

You must either comply with the demand contained in the

PETITION TO STAY:LACK OF JURISDICTION IS NON-SENSE WITH AFFIDAVIT ATTACHED;

a certified copy of which accompanies this citation, or file an answer or other legal pleading in the office of the Clerk of this Court, Room 402, Civil Courts Building, 421 Loyola Avenue, New Orleans, LA, within thirty (30) days after the filing in the record of the affidavit of the individual attesting to the manner of delivery made through the "Long Arm Statute" under penalty of default.

ADDITIONAL INFORMATION

Legal assistance is advisable. If you want a lawyer and can't find one, you may call the New Orleans Lawyer Referral Service at 504-561-8828. This Referral Service operates in conjunction with the New Orleans Bar Association. If you qualify, you may be entitled to free legal assistance through Southeast Louisiana Legal Services (SLLS) at 877-521-6242 or 504-529-1000.

*******COURT PERSONNEL ARE NOT PERMITTED TO GIVE LEGAL ADVICE*******

IN WITNESS HEREOF, I have hereunto set my hand and affix the seal of the Civil District Court for the Parish of Orleans, State of LA December 22, 2016

**Clerk's Office, Room 402, Civil Courts
421 Loyola Avenue
New Orleans, LA**

**DALE N. ATKINS, Clerk of
The Civil District Court
for the Parish of Orleans
State of LA
by *Kenneth Bazile*
Kenneth Bazile, Deputy Clerk**

**SHERIFF'S RETURN
(for use of process servers only)**

On this _____ day of _____ served a copy of
the within

**PETITION TO STAY:LACK OF JURISDICTION IS NON-SENSE WITH
AFFIDAVIT ATTACHED;
ON DANNY YATES**

THROUGH: THE LOUISIANA LONG ARM STATUTE FORT BRAGG
FEDERAL CREDIT UNION, MEMBER SERVICES

Returned the same day

No. _____

Deputy Sheriff of _____

Mileage: \$ _____

/ ENTERED /

PAPER / RETURN /

SERIAL NO. / DEPUTY / PARISH /

DOMICILIARY SERVICE

On this _____ day of _____ served a copy of
the within

**PETITION TO STAY:LACK OF JURISDICTION IS NON-SENSE WITH
AFFIDAVIT ATTACHED;
ON DANNY YATES**

THROUGH: THE LOUISIANA LONG ARM STATUTE FORT BRAGG
FEDERAL CREDIT UNION, MEMBER SERVICES

by leaving same at the dwelling house, or usual place of abode, in the hands of
a person of suitable age and
discretion residing therein as a member of the domiciliary establishment, whose
name and other facts connected with this service I learned by interrogating
HIM/HER the said DANNY YATES being absent from the domicile at time of
said service.

Returned the same day

No. _____

Deputy Sheriff of _____

ATTORNEY'S NAME: In Proper Person, 90001
AND ADDRESS:

**CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS
STATE OF LOUISIANA**

NO: 2016-11002

DIVISION: I
GREEN, MARLON

SECTION: 14

Versus

STATE FARM INSURANCE COMPANY ET AL

CITATION

TO: DEREK MOREL, STATE FARM ETAL
5555 BULLARD AVE. SUITE #104, NEW ORLEANS , LA 70128

YOU HAVE BEEN SUED:

You must either comply with the demand contained in the

Supplemental and/or Amending Petition (THIRD) w/ORIG. PETITION ATTACHED

a certified copy of which accompanies this citation, or file an answer or other legal pleading in the office of the Clerk of this Court, Room 402, Civil Courts Building, 421 Loyola Avenue, New Orleans, LA, within fifteen (15) days after the service hereof under penalty of default.

ADDITIONAL INFORMATION

Legal assistance is advisable. If you want a lawyer and can't find one, you may call the New Orleans Lawyer Referral Service at 504-561-8828. This Referral Service operates in conjunction with the New Orleans Bar Association. If you qualify, you may be entitled to free legal assistance through Southeast Louisiana Legal Services (SLLS) at 877-521-6242 or 504-529-1000.

*****COURT PERSONNEL ARE NOT PERMITTED TO GIVE LEGAL ADVICE*****

IN WITNESS HEREOF, I have hereunto set my hand and affix the seal of the Civil District Court for the Parish of Orleans, State of LA January 26, 2017

Clerk's Office, Room 402, Civil Courts
421 Loyola Avenue
New Orleans, LA

DALE N. ATKINS, Clerk of
The Civil District Court
for the Parish of Orleans
State of LA
by *Brandy Mayer*
Brandy Mayer, Deputy Clerk

SHERIFF'S RETURN
(for use of process servers only)

PERSONAL SERVICE

On this _____ day of _____ served a copy of
the within

Supplemental and/or Amending Petition (THIRD) w/ORIG. PETITION
ATTACHED

ON DEREK MOREL, STATE FARM ETAL

THROUGH:

Returned the same day

No. _____

Deputy Sheriff of _____

Mileage: \$ _____

/ ENTERED /

PAPER

RETURN

SERIAL NO.

DEPUTY

PARISH

DOMICILIARY SERVICE

On this _____ day of _____ served a copy of
the within

Supplemental and/or Amending Petition (THIRD) w/ORIG. PETITION
ATTACHED

ON DEREK MOREL, STATE FARM ETAL

THROUGH:

by leaving same at the dwelling house, or usual place of abode, in the hands of
a person of suitable age and
discretion residing therein as a member of the domiciliary establishment, whose
name and other facts connected with this service I learned by interrogating
HIM/HER the said DEREK MOREL, STATE FARM ETAL being absent from
the domicile at time of said service.

Returned the same day

No. _____

Deputy Sheriff of _____

EXHIBIT

F

TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT
CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Denton

Before me,

David Rankin II, Notary

Name and Character of Notarizing Officer,
e.g., "John Smith, Notary Public"

on this day personally appeared

Marilyn Green

Name of Signer

known to me

proved to me on the oath of

Name of Credible Witness

proved to me through

Driver License

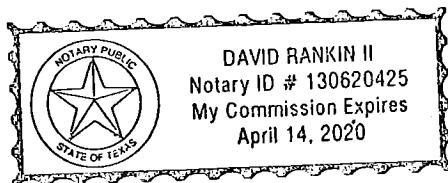
Description of Identity Card or Document

to be the person whose name is subscribed to
the foregoing instrument and acknowledged
to me that he/she executed the same for the
purposes and consideration therein expressed.

Given under my hand and seal of office this

5 day of August, 2017.
Day Month Year

Signature of Notarizing Officer



Place Notary Seal and/or Stamp Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document
or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: all court document to be submitted

Document Date: 4th August 2017 Number of Pages: 4

Signer(s) Other Than Named Above: _____

CADDO PARISH COURT FOR THE
CITY OF SHREVEPORT STATE OF LOUISIANA

NO: 2017 R00940

GREEN, MARLON

versus

MAACO, ETAL

Motion; Proceed to Trial

The Petitioner Marlon Green wishes this case be held and awarded in The State of Texas. Mr. Green has suffered abuse and has been taken advantage of by dishonest people such as CTG Industries, who are suspected of abandonment and abusive practices. We are seeking lost wages, change of fault, decreased premiums. They have been reported to the Texas Department of Insurance.

Petition for Summary Judgement

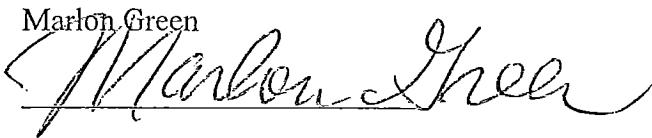
The longer it takes to bring these other parties to court, the chances increase of their abusive, and fraudulent practices. Please note that the petitioner is constantly absorbing the expenses of this terrible ordeal. Rusty Cooper is an abusive administrator and we wish to collect liabilities and sever ties. If we decide to go to trial, it will be with jury.

Maaco Incident Affidavit Statement

Please make the following additions to liability lawsuit because they have conspired to bankrupt Mr. Green by fraudulently ordering a new door when they really did not have to. On August 4th 2017. Maaco Collision Penny was notified for the last time. We have witnesses from Uber that can verify our policy about safety issues. The drivers air bag fault lamp has yet to go off, which means Mr. Green does not have an airbag. In addition to this damage they raced the car while it was being repaired but left the shop with more damage than when it went in. The proper police report for vandalism was made, Maaco owes deductible which is \$1000.

Motion for Deposition

Mr. is broke and cannot afford and has an estimate and three professional opinions that were drafted after the Maaco incident. Added into all the total liabilities, no medical payments could be made because of this. Degradation in health, finances, including administration costs should be considered. The VIN# 3VWD17AJ8GM229545, at least \$3,500, in damages. Depositions may be taken to save on court and administration costs.

Marlon Green


Please Serve: Mark Guzman or Manager
Maaco Collision Repair
2115 Sadau Ct, Denton, TX. 76210
Phone number # (940) 565-9505
Fax # (940) 591-9333

CADDO PARISH COURT FOR THE
CITY OF SHREVEPORT STATE OF LOUISIANA

NO: 2017 R00940

GREEN, MARLON

versus

FARMERS, ETAL

Motion; Proceed to Trail

The Petitioner Marlon Green wishes this case be held and awarded in The State of Texas. Mr. Green has suffered abuse and has been taken advantage of by dishonest people such as CTG Industries, who are suspected of abandonment and abusive practices. We are seeking lost wages, change of fault, decreased premiums. They have been reported to the Texas Department of Insurance.

Petition for Summary Judgement

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Maaco / Farmers Incident Affidavit Statement

Please make the following additions to liability lawsuit because they have conspired to bankrupt Mr.

Green by fraudulently ordering a new door when they really did not have to. On August 4th 2017 they were notified. Maaco Collision Penny was notified for the last time. We have witnesses from Uber that can verify our policy about safety issues. The drivers air bag fault lamp has yet to go off, which mean Mr., Green does not have an airbag. In addition to this damage they raced the car while it was being repaired but left the shop with more damage than when it went in. The proper police report for vandalism was made; Maaco owes deductible which is \$1000. Farmers Insurance is responsible for damages that occurred at Maaco while being repaired. Farmers are responsible for all vandalism that occurred at Maaco. Maaco responsible for deductible, \$98 check they cashed all vandalism.

Motion for Deposition

Mr. is broke and cannot afford and has an estimate and three professional opinions that were drafted after the Maaco incident. Added into all the total liabilities, no medical payments could be made because of this. Degradation in health, finances, including administration costs should be considered. The vending number of the car is 3VWD17AJ8GM229545, at least \$3,500, in damages. Depositions may be taken to save on court and administration costs. I need them pay Mr. Green not insurance company.

Marlon Green



Serve: Mark Guzman or Manager

Oscar Quintana, David Stern, Darryl Weir,
Farmers Insurance 2601 Network, Blvd. Frisco, Texas 75034
Fax: (972) 668-5953, 1-800-325-1507, Bristol West 1-855-822-3139 Fax

TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT
CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Denton

Before me,

David Rankin II, Notary

Name and Character of Notarizing Officer,
e.g., "John Smith, Notary Public"

on this day personally appeared

Marilyn Green

Name of Signer

known to me

proved to me on the oath of

Name of Credible Witness

proved to me through

Driver License

Description of Identity Card or Document

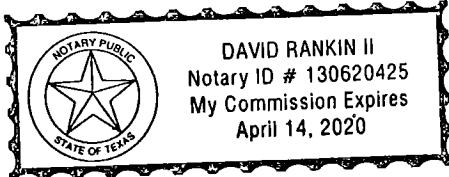
to be the person whose name is subscribed to
the foregoing instrument and acknowledged
to me that he/she executed the same for the
purposes and consideration therein expressed.

Given under my hand and seal of office this

5 day of August, 2017.
Day Month Year



Signature of Notarizing Officer



Place Notary Seal and/or Stamp Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document
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CITY OF SHREVEPORT STATE OF LOUISIANA**

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Marlon Green


Please Serve: Mark Guzman or Manager
Maaco Collision Repair
2115 Sadau Ct, Denton, TX. 76210
Phone number # (940) 565-9505
Fax # (940) 591-9333

Wednesday August 16 2017
Shreveport Civil Court

By sending this fax at Office Depot, inc., the sender agrees not to use this fax to: (I) transmit material whose transmission is unlawful, harassing, libelous, abusive, threatening, harmful, vulgar, obscene, pornographic or otherwise objectionable; (II) create a false identity, or otherwise attempt to mislead others as to the identity of the sender or the origin of this fax; (III) post or transmit any material that may infringe the copyright, trade secret, or other rights of any third party; (IV) violate any federal, state or local law in the location, or (V) conduct activities related to gambling, sweepstakes, raffles, lotteries, contests, ponzi schemes or the like.

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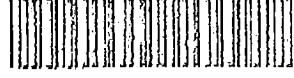
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Rev 10/2/1

DATE, TIME	TIME : 07/31 23:28	NAME : 9405919993	RESULT : 00:02:04	MODE : ECM
FAX NO. / NAME	NAME : 03	RESULT : OK	MODE : STANDARD	DUPLICATE PAGE(S)
DUPLICATE PAGE(S)	NAME : 02	RESULT : ECM	MODE : STANDARD	DUPLICATE PAGE(S)
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FAX :
TEL :
SER. #: BROM4J539496

TRANSMISSION VERIFICATION REPORT

FAX COVER SHEET SHREVEPORT CIVIL COURT 10 PAGES

FAX: (318) 673-5218

Docket: 2017-R00940

From: Marlon Green (214) 726-2189



METAIRIE, LA 70006
PHONE: 504-883-8111
FAX: 504-883-3555

TO: WILLIAM BATHERSON, D.C.
3017 VETERANS BLVD
METAIRIE, LA 70002
FAX: (504) 828-3008

NAME: MARLON GREEN
MRN# DS4735
DOB: 07/15/1971
GENDER: Male
DATE OF SERVICE: 10/03/2016
REFERRING PHYS: WILLIAM BATHERSON, D.C.

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST
REASON FOR EXAM: LOW BACK PAIN (M54.5)

CLINICAL HISTORY:
Low back pain. Motor vehicle collision 3 months ago.

TECHNIQUE:
Using a 0.35-TESLA OPEN-CONFIGURATION SIEMENS MAGNET, sagittal and axial T1 and T2 were performed of the lumbar spine.

COMPARISON STUDY:
No relevant prior examinations are available for review.

FINDINGS:
5 lumbar type vertebrae are present and are in good alignment. Vertebral body heights are preserved. Bone marrow signal is unremarkable. Facet joints are well articulated. Spinous processes are intact.

L4-5: Disc desiccation. A left paracentral disc protrusion is present along with a small annular tear. This causes mild spinal stenosis and moderate bilateral neural foraminal stenosis. Disc material abuts the left L5 nerve root in the lateral recess.

L5-S1: Posterior disc protrusion and posterior annular tear. This causes no spinal stenosis and moderate left-sided neural foraminal stenosis.

Paraspinal muscles are symmetric. No aneurysmal dilation of the abdominal aorta.

IMPRESSION:
Disc desiccation and a left paracentral disc protrusion at L4-5. This causes mild spinal stenosis and moderate bilateral neural foraminal stenosis. Disc material abuts the left L5 nerve root in the lateral recess.

Posterior disc protrusion and focal posterior annular tear at L5-S1. This causes moderate left-sided neural foraminal stenosis.

INTERPRETING RADIOLOGIST: Joshua Yellin, MD
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED 10/03/2016 at 12:00 PM (CST)
ACCESSION #: DS408900

Complete Chiropractic
4851 Legacy Dr.
Suite 307
Frisco, TX 75034
Phone: 972.377.3909

Patient Name: Green, Marion
Date of Birth: 7/15/1971
Date of Service: 9/26/2016

Marion Green
DOB 7-15-1971
SS # XXX-XX-8359
VA ID 1110260341

VA Authorization # 002644537

Marion Green is a 45 year old male who was in the military as a paratrooper and has had many injuries and compressions. He has had pain on and off for years in his neck, upper back, and lower back. He also gets tension and migraine headaches. He is currently on Cyclobenzaprine and motrin. ROS is unremarkable for this patient. The patient is alert and well oriented.

Subjective

This patient presents with the following problems:

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: sharp, dull, aching and stiffness. The patient describes their symptoms as radiating bilaterally down the shoulder. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, typing, looking down, movement and house chores.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: dull, sharp, aching and stiffness. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, looking down and movement.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: aching and stiffness. The patient describes their symptoms as radiating down the left upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving standing and bending.

Objective

Posture Analysis

Posture Element	Analysis
Anterior Head	
Rounded Shoulder	Bilateral

Range of motion/joint fixation:

Passive/Active	Joint	Plane of Motion	Degrees	Level of Decrease	With Pain
Active	Cervical	Flex		Mild	Yes
Active	Cervical	Ext		Mild	Yes
Active	Cervical	LLF		Mild	No
Active	Cervical	RLF		Mild	No
Active	Cervical	LR		Mild-Moderate	Yes
Active	Cervical	RR		Normal	No
Active	Lumbar	Flex		Normal	Yes

Tight and tender scalenes and SCM's. Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus. Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally)
 very tender w/jump sign along C5-C7 disc area

Assessment

Diagnoses

Number	ICD Code	Description
1	M99.01	Segmental and somatic dysfunction of cervical region
2	M46.42	Discitis, unspecified, cervical region
3	M99.02	Segmental and somatic dysfunction of thoracic region
4	M79.1	Myalgia
5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:

first visit

Prognosis:

Overall Prognosis: Guarded

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well

Activities of daily living: His pain is mod. at the moment/ goal is no pain in two months

He cannot read as much as he would like due to severe pain/ goal is to increase reading time by 30 mins per two weeks

He has moderate headaches which come frequently/ goal is no headaches in 2 months

Driving causes moderate pain/ goal is to drive as much as he would like in 2 months

Plan

Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DXLink
99202	25				1		E/M Expanded	1, 2, 3, 4, 5
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.6 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/28/2016
Frequency:	3 times a week, 2 times a week
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching to SCM, Scalenus, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins
Home Care Recommendations:	Home exercises, Stretches, Ice 20 mins. every 2 hours, Heat, foam roller exercises, CORE Strengthening

Tight and tender scalenes and SCM's. Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervical. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus. Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally) very tender w/jump sign along C5-C7 disc area

Assessment

Diagnoses

Number	ICD Code	Description
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5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:
 first visit

Prognosis:

Overall Prognosis: Guarded

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well

Activities of daily living: His pain is mod. at the moment/ goal is no pain in two months
 He cannot read as much as he would like due to severe pain/ goal is to increase reading time by 30 mins per two weeks
 He has moderate headaches which come frequently/ goal is no headaches in 2 months
 Driving causes moderate pain/ goal is to drive as much as he would like in 2 months

Plan

Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
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G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.8 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/26/2016
Frequency:	3 times a week, 2 times a week
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching to SCM, Scalenes, and obliquus to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins
Home Care Recommendations:	Home exercises, Stretches, Ice 20 mins. every 2 hours, Heat, foam roller exercises, CORE Strengthening

Complete Chiropractic
 4851 Legacy Dr.
 Suite 307
 Frisco, TX 75034
 Phone: 972.377.3909

Patient Name: Green, Marlon
Date of Birth: 7/15/1971
Date of Service: 9/29/2016

Marlon Green
 DOB 7-15-1971

Marlon Green stated that he is having less popping and cracking.

Subjective

This patient presents with the following problems:

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: sharp, dull, aching and stiffness. The patient describes their symptoms as radiating bilaterally down the shoulder. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, typing, looking down, movement and house chores. The patient stated that some relief is obtained when stretching/exercise is used and adjustments are provided.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: dull, sharp, aching and stiffness. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, looking down and movement. The patient stated that some relief is obtained when stretching/exercise is used and adjustments are provided.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: aching and stiffness. The patient describes their symptoms as radiating down the left upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving standing and bending. The patient stated that some relief is obtained when stretching/exercise is used and adjustments are provided.

Objective

Posture Analysis

Posture Element	Analysis
Anterior Head	
Rounded Shoulder	Bilateral

Spinal Alignments

Location	Alignment
C2	Rotated Left
C4	Rotated Right
C7	Rotated Right
T2	Rotated Right
T4	Rotated Right
T6	Rotated Right
R Ili	Posterior

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Bilateral Cervical, Cervico-Thoracic		myofascial pain and tenderness	moderate	Improving
Bilateral Lumbar, Lumbosacral		myofascial pain and tenderness	moderate	Improving

Tight and tender scalenes and SCM's. Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus. Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally) All have decreased overall

Assessment**Diagnoses**

Number	ICD Code	Description
1	M99.01	Segmental and somatic dysfunction of cervical region
2	M46.42	Discitis, unspecified, cervical region
3	M99.02	Segmental and somatic dysfunction of thoracic region
4	M79.1	Myalgia
5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:

Improvement

Prognosis:

Overall Prognosis: Guarded

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Responding favorably

Plan**Treatments**

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Reviewed home lumbar, hamstring, glut., and piriformis stretching

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.6 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/26/2016
Frequency:	3 times a week, 2 times a week
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching of SCM, Scalenes, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Bilateral Cervical, Cervico-Thoracic		myofascial pain and tenderness	moderate	Improving
Bilateral Lumbar, Lumbosacral		myofascial pain and tenderness	moderate	Improving

Tight and tender scalenes and scm's Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally) All have decreased overall

Assessment**Diagnoses**

Number	ICD Code	Description
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2	M46.42	Discitis, unspecified, cervical region
3	M99.02	Segmental and somatic dysfunction of thoracic region
4	M79.1	Myalgia
5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:

Improvement

Prognosis:

Overall Prognosis: Guarded

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Responding favorably

Plan**Treatments**

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Reviewed home lumbar, hamstring, glut., and piriformis stretching

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.6 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/26/2016
Frequency:	3 times a week, 2 times a week
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching fo SCM, Scalenes, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and pirifromis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins

Home Care Recommendations:	Home exercises, Stretches, Ice 20 mins. every 2 hours, Heat, foam roller exercises, CORE Strengthening
Short Term Goals:	Reduce pain and restore normal joint function and muscle balance.
Long Term Goals:	Restoring functional independence and tolerance to normal activities of daily living
Outcome Measures:	Neck Disability Index, Oswestry Low Back Pain
Techniques to be Utilized:	Diversified
Goal 1:	Decrease hypertonic musculature, Increase CORE strength
Goal 2:	Reduce subluxations, Increase flexibility
Goal 3:	Improve ROM, Improve sleep, Increase sitting time without pain, Increase standing time without pain, Improve recreation time without pain

Signed by Dr. Sharyce Wise

Short Term Goals:	Reduce pain and restore normal joint function and muscle balance.
Long Term Goals:	Restoring functional independence and tolerance to normal activities of daily living
Outcome Measures:	Neck Disability Index, Oswestry Low Back Pain
Techniques to be Utilized:	Diversified
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Goal 2:	Reduce subluxations, Increase flexibility
Goal 3:	Improve ROM, Improve sleep, Increase sitting time without pain, Increase standing time without pain, Improve recreation time without pain

Signed by Dr. Sharyce Wise

GP Exercise 15 Wise												
10/6/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00	0.00	0.00	644.00	0.00	0.00	0.00
10/6/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00	0.00	655.00	0.00	0.00	0.00
10/7/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00	0.00	0.00	710.00	0.00	0.00	0.00
10/7/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00	0.00	0.00	755.00	0.00	0.00	0.00
10/7/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00	0.00	766.00	0.00	0.00	0.00
10/10/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00	0.00	0.00	821.00	0.00	0.00	0.00
10/10/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00	0.00	0.00	866.00	0.00	0.00	0.00
10/10/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00	0.00	877.00	0.00	0.00	0.00
10/13/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00	0.00	0.00	932.00	0.00	0.00	0.00
10/13/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00	0.00	0.00	977.00	0.00	0.00	0.00
10/13/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00	0.00	988.00	0.00	0.00	0.00
10/17/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00	0.00	0.00	1043.00	0.00	0.00	0.00
10/17/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00	0.00	0.00	1088.00	0.00	0.00	0.00
10/17/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00	0.00	1099.00	0.00	0.00	0.00

Insurance Balance:	\$ 1099.00	Patient Balance:	0.00
Account Balance:	\$ 1099.00		

Dr.Sharyce Wise Tax ID:75-271-7817

Complete Chiropractic
4851 Legacy Dr. ,Suite 307
Frisco, TX 75034

P:972.377.3909

ACCOUNT NUMBER	BILLING PERIOD
1843769	9/20/2016-10/20/2016
PATIENT NAME	
Marlon Green	

Patient Statement

Marlon Green
2411 S I35E
Denton, TX 76210

AMOUNT DUE:	\$ 0.00
AMOUNT ENCLOSED:	

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

Date	Units/ Billing Code	Desc. of Service	Provider	Clinic Rate	Rate Allowed	Rate Portion	Prv. Paid	Prv. Write Off/Adj	Sec. Paid	Sec. Write Off/Adj	Tort- Portion	Tort. Paid	Tort. Write Off/Adj	Ins. Bal.	Pat. Portion	Pat. Paid	Pat. Write Off/Adj	Pat. Bal.
9/26/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00			0.00		0.00			55.00	0.00			0.00
9/26/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00			0.00		0.00			100.00	0.00			0.00
9/26/16	1 - 99202/25	E/M Expanded	Sharyce Wise	100.00	100.00	0.00			0.00		0.00			200.00	0.00			0.00
9/26/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00			211.00	0.00			0.00
9/27/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00			0.00		0.00			266.00	0.00			0.00
9/27/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00			0.00		0.00			311.00	0.00			0.00
9/27/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00			322.00	0.00			0.00
9/29/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00			0.00		0.00			377.00	0.00			0.00
9/29/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00			0.00		0.00			422.00	0.00			0.00
9/29/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00			433.00	0.00			0.00
10/5/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00	55.00	0.00			0.00		0.00			488.00	0.00			0.00
10/5/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00	45.00	0.00			0.00		0.00			533.00	0.00			0.00
10/5/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00			544.00	0.00			0.00
10/6/16	1 - 97110/	Therap.	Sharyce	55.00	55.00	0.00			0.00		0.00			599.00	0.00			0.00

Request for VA Billing Personal Injury Case

Veteran's Name (Last, First, Middle Initial)

Green Marlon J Sr.

Full Social Security Number

435298359

Veteran's Mailing Address & Phone Number

2411 S. I 35E. #925

Detailed Description of Incident Resulting In Injury: Include Date and Location

on July 2nd 2016 J.B. side swipped me while merging in the right lane fron the left.

Injuries Sustained / Nature of Disease

Dammages to door maily, it had been replaced already but I have recieived no medical reimbursement at all.

Names of VA Facilities Where Related Treatment Was Received

VA Denton County Texas

If You Have Received Related Treatment at a Non-VA Facility, Please List Providers

Affordable Chiropractic Care, Dallas Lifestyle Management Frisco, TX. Mail Acpressure

Name of Veteran's Attorney

ProSe

Phone

2147262189

Mailing Address

2411 S. I 35 E # 925
Denton, TX. 76210

Fax

9404845274

VETERAN'S INSURANCE POLICY INFORMATION

Identify Applicable Insurers & Type Examples: *No Fault Insurance, Medical Payments from Veteran's Liability Insurance, Under-/Un-insured Motorist Insurance* Phone

Travelors 508 324-8404

Mailing Address Fax
PO Box 5076 Hartford, CT 06102-5076 86663947031

Adjuster and Claim# POLICY LIMITS Description
Martha Mlynek H1X6423 25,000/50,000

RESPONSIBLE PARTY'S INFORMATION

Identify Tortfeasor and their Insurer Phone
Covenant Transport, Inc 8005952615

Mailing Address Fax
12707 High Bluff Dr. St. 220 623-209-2610
San Diego, CA 92130

Adjuster and Claim# POLICY LIMITS Description
Rusty Cooper up to 1,000,000

Defense Counsel, If Known Phone
Michael C. Wright 972-267-8400

Mailing Address Fax
15770 Dallas Parkway, Suite 1050 972-267-8401

VA is entitled to recover reimbursement of the cost of medical care provided or paid for by VA from a tortfeasor, and any applicable insurer, for care related to personal injury under 42 U.S.C. §2651 et seq., and from a VA beneficiaries' own insurance policy for medical payments, a workers compensation plan, an auto reparation plan, among others, under 38 U.S.C. §1729.



P.O. Box 30279
Salt Lake City, UT 84130-0279

558

April 25, 2017

Marlon J Green
2411 Interstate 35 S Apt 925
Denton TX 76210

Re: Your Account Number xxxxxxxxxxxxxxxx1933
Case Number: 10002768049603

Dear Marlon J Green,

Here's an update on your dispute with MAACO COLLISION REPAIR billed on 02/28/2017 for \$500.00.

When you contacted us about this, we credited your account for \$500.00 the amount you are disputing. Since then, the merchant provided information to support the transaction. So for now, we are reapplying the charge to your account, and it will appear on your next one to two billing statements. If the merchant provided documentation showing the charge is valid, we provided a copy of it with this letter. At this time, we consider your case closed.

If you still want to continue with this dispute, please send us a signed and dated letter that includes your case number, the merchant's name, the date of the transaction, and the disputed amount by 05/16/2017. Please also provide the following information in your letter:

Your response to the documentation sent in by the merchant, as well as: A copy of your sales invoice or purchase agreement and the date and proof of cancellation and / or return. The cancellation / return policy of the merchant, if available, and whether you were advised of the policy at the time of the sale. A description of how you tried to resolve the dispute with the merchant. A refund voucher from the merchant.

Please fax the requested information to 1-888-435-4217, and allow 10 business days for us to respond. If you're unable to respond by fax, please send us the requested information in the enclosed pre-addressed envelope, and allow 15 business days for us to respond.

If you have any questions, please give us a call at 1-800-887-8643. We're available from 7 a.m. to 1 a.m. ET, seven days a week.

Sincerely,

Capital One®
Transaction Support Center



AMERICA'S BODYSHOP®

0-0
04/19/2017

Re: Case # 170876235501

To whom this may concern,

The credit card amount of \$500.00 collected from Marlon Green on 02/28/17 represents his insurance deductible that was due to Maaco on the time of drop of his 2016 Volkswagen Jetta for repair. The funds were collected in a legal and binding manner and there is no reason to have these funds charged back. I have included all necessary documentation as proof to this transaction.

If you have any questions, I can be contacted at 940-565-9505

Thank you,

Adam M. Reubin
Owner/Operator

2115 Sodau Court • Denton, TX 76210 • 940.585.8505 • Fax 940.581.9993

Parts

Ordered	Received	Completed



#MAACOVER www.maaco.com
45-2503910
Store # M2078
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 566-9505
Fax # (940) 581-9993

GREEN, MARLON 16 VOLKSWAGEN JETTA PLATINUM

Estimated: 2/21/2017 Date In: 2/28/2017 Promised: 3/9/2017
Estimator: Nelson Guzman Body Tech: KEITH Paint Tech:
Estimate #: 11652-2

12244
SPOT

GREEN, MARLON
2411 S I-35 E 925
Denton, TX 76210-
Phone 1 (214) 728-2189
Phone 2
Phone 3
Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Sedan
LIC: 3VWD17AJ8GN228545 Color: PLATINUM
VIN: 3VWD17AJ8GN228545 Mileage in:
Paint Code: 904B, LD7X, BU

REPAIR ORDER

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc. and are privately owned and operated

Operation	Description	Type	Part #	Amount	Labor Units	Spot Refinish	(\$)
Remove/Install	Front Bumper Cover R&L				0.60 BL		22.00
Remove/Install	Headlamp Assy, Halogen LT				0.30 BL		13.20
Blend	Fender, Front LT					1.00	44.00
Remove/Install	Skirt, Inner Fender LT				0.40 BL		17.60
Repair, Partial	Panel, Rocker RT				3.00 BL		132.00
Refinish	Panel, Rocker RT					1.50	66.00
Remove/Install	Front Door R&L LT						294.80
Remove/Replace	Door Shell, Front LT	LKQ	ECONOMY PART	656.25	6.70 BL		
Refinish	Door Shell, Front LT					4.80	211.20
Blend	Door Shell, Rear LT					1.10	46.40
Remove/Install	Mldg, Rear Door Belt LT					0.10 BL	4.40
Remove/Install	Pnl, Inner Door Trim LT					0.50 BL	22.00
Remove/Install	Handle, RR Door Outer LT					0.50 BL	22.00
	Paint Materials			286.80			

Item	Description	Code	Qty	Each	Retail
Paint	Refinish Labor	RL	8.40	44.00	369.60
Supplies-Paint	Paint Materials	PM			285.60
Body Shop	Body Labor	BL	12.00	44.00	528.00
Parts	Taxable Part	TP			656.25
					1,839.45
Subtotal					\$77.70
Sales Tax					\$1917.15
Grand Total					

Payments	2/28/2017	Credit	600.00
	3/8/2017 23573132	Check	759.76
	3/17/2017	Credit	857.39

0.00

Due at Delivery

Remarks
No other Body Work Wanted Sand/Seal
Minor Imperfections will Show
No Guarantee on Rust

Trim Removal provides Maaco's Limited Lifetime Warranty
Any areas masked off are covered by a Maaco's Prorated warranty
1 Year Full
2 Year prorated

Date: 3/17/2017

Time: 10:51 AM

Page 1 of 1

At Maaco, we value your opinion. Please tell us about your experience at www.TellMaaco.com or by calling the Toll Free Number at 1 (866) 663-9586.

Parts

Ordered	Received	Completed

GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM

12244

Est# 11662

Estimated: 2/21/2017 Date In: 2/28/2017 Promised:

Estimator: Nelson
Guzman

Body Tech:

Paint Tech:

Repair Type: Spot



#MAACOVER www.maaco.com
45-2503810
Store # M2078
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 565-9505
Fax # (940) 591-9993

GREEN, MARLON
2411 S 35 E 925
Denton, TX 76210-
Phone 1 (214) 726-2189
Phone 2
Phone 3
Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Sedan
Lic:
VIN: 3VWD17AU8CM229545 Color: PLATINUM
Mileage In:
Paint Code: 9046, LD7X, BU

CUSTOMER RIGHTS & NOTICE TO CUSTOMER

Maaco Collision Repair & Auto Painting Centers are Licensed by Masco Franchising, Inc. and are privately owned and operated

This is a price estimate for repairs you have authorized. The final price could change if there is a price increase in manufacturer's parts prices or if during the repair additional or hidden damage is discovered. Should additional damage be discovered, you will be contacted before we proceed with repairs. All parts will be replaced as specified on the estimate unless a new part is installed at the same cost to you as the part type specified. Parts prices are subject to list price on parts invoice. You are entitled to request the return of replaced parts prior to the repairs being performed.

I DO NOT WISH THE OLD PARTS TO BE RETURNED I REQUEST OLD PARTS RETURNED

Estimate is good for 30 days.

\$44.00 body work labor rate per unit.

\$78.00 frame labor rate per unit.

\$85.00 mechanical labor rate per unit.

as estimated storage charges per day after 3 days following completion.

SERVICE AUTHORIZATION

I authorize the above repairs to be done and Maaco's employees and authorized vendors to operate my vehicle for purposes of repair. I understand Maaco will not be responsible for mechanical failure or for loss or damage to cars due to causes beyond their control. I understand Maaco cannot assume responsibility for personal items left in vehicles or defects in painted areas, caused by old body work, fillers, and plastics, or customer's own body work.

I agree that if any obligation for repairs, parts or other materials is not paid when due or if suit is brought against me relating to any repair hereto, I shall pay all reasonable costs of collection including attorney's fees, court costs, interest and all other monies provided by law.

SIGNATURE

DATE

APPOINTMENT



AMERICA'S BODYSHOP®

0-0

04/19/2017

Re: Case # 170876235501

To whom this may concern,

The credit card amount of \$500.00 collected from Marlon Green on 02/28/17 represents his insurance deductible that was due to Maaco on the time of drop of his 2016 Volkswagen Jetta for repair. The funds were collected in a legal and binding manner and there is no reason to have these funds charged back. I have included all necessary documentation as proof to this transaction.

If you have any questions, I can be contacted at 940-565-9505

Thank you,

Adam M. Reubin
Owner/Operator

558

26 170426 PAGE 00005 OF 00012 DMCASP

COLR9452 6056 0077 204

2115 Sadau Court • Denton, TX 76210 • 940.565.9505 • fax 940.591.9993

Apr 19 2017 06:02PM HP Fax Maaco 9405919993

Parts

Ordered	Received	Completed

GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM12244
SPOTEstimated: 2/21/2017 Date In: 2/28/2017 Promised: 3/9/2017
Estimator: Nelson Guzman Body Tech: KEITH Paint Tech:
Estimate #: 11652-Z

#MAACOVER www.maaco.com
45-2503910
Store # M2078
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 565-9505
Fax # (940) 591-9993

GREEN, MARLON
2411 S I-35 E 925
Denton, TX 76210-
Phone 1 (214) 728-2189
Phone 2
Phone 3
Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR. Sedan
Lic:
VIN: 3VWD17AJ8GM229546 Color: PLATINUM
Mileage In:
Paint Code: 9046,LD7X, BU

REPAIR ORDER

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc, and are privately owned and operated

Operation	Description	Type	Part #	Amount	Labor Units	Spot Refinish	(\$)
Remove/Install	Front Bumper Cover R&L				0.50 BL		22.00
Remove/Install	Headlamp Assy, Halogen LT				0.30 BL		13.20
Blend	Fender,Front LT						1.00 44.00
Remove/Install	Skirt,Inner Fender LT				0.40 BL		17.50
Repair, Partial	Panel,Rocker RT				3.00 BL		132.00
Refinish	Panel,Rocker RT						1.50 66.00
Remove/Install	Front Door R&L LT						294.80
Remove/Replace	Door Shell,Front LT	LKQ	ECONOMY PART	656.25	6.70 BL		4.80 211.20
Refinish	Door Shell,Front LT						1.10 48.40
Blend	Door Shell,Rear LT						0.10 BL 4.40
Remove/Install	Mldg,Rear Door Belt LT						0.50 BL 22.00
Remove/Install	Phl,Inner Door Trim LT						0.50 BL 22.00
Remove/Install	Handle,RR Door Outer LT				PM	286.60	
	Paint Materials						

Item	Description	Code	Qty	Each	Retail
Paint	Refinish Labor	RL	8.40	44.00	389.60
Supplies-Paint	Paint Materials	PM			285.60
Body Shop	Body Labor	BL	12.00	44.00	528.00
Parts	Taxable Part	TP			656.25
					1,839.45
Subtotal					\$77.70
Sales Tax					\$1917.15
Grand Total					

Payments	2/28/2017	Credit	500.00
	3/8/2017 23573132	Check	759.76
	3/17/2017	Credit:	557.39

Due at Delivery

Remarks
No other Body Work Wanted Sand/Seal
Minor Imperfections will Show
No Guarantee on Rust

Trim Removal provides Maaco's Limited Lifetime Warranty
Any areas masked off are covered by a Maaco's Prorated warranty
1 Year Full
2 Year prorated

Date: 3/17/2017

Time: 10:51 AM

Page 1 of 1

At Maaco, we value your opinion. Please tell us about your experience at www.TellMaaco.com or by calling the Toll Free Number at 1 (866) 663-9586.

Parts

Ordered	Received	Completed

**GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM**

12244

Est# 11652



#MAACOVER www.maaco.com
46-2503810
Store # M207B
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 565-9505
Fax # (940) 591-9993

GREEN, MARLON
2411 S I-35 E 925
Denton, TX 76210-
Phone 1 (214) 728-2189
Phone 2
Phone 3
Email MGREENM.L@NE

16 Volkswagen Jetta 1.8T Sport 4 DR Sedan
LIC: **3VWD17AJ0 GM228545** Color: PLATINUM
Mileage In: **100000**
Paint Code: **9046,LD7X, BU**

CUSTOMER RIGHTS & NOTICE TO CUSTOMER

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc. and are privately owned and operated.

This is a price estimate for repairs you have authorized. The final price could change if there is a price increase in manufacturer's parts prices or if during the repair additional or hidden damage is discovered. Should additional damage be discovered, you will be contacted before we proceed with repairs. All parts will be replaced as specified on the estimate unless a new part is installed at the same cost to you as the part type specified. Parts prices are subject to list price on parts invoice. You are entitled to request the return of replaced parts prior the repairs being performed.

I DO NOT WISH THE OLD PARTS TO BE RETURNED _____ I REQUEST OLD PARTS RETURNED

Estimate is good for 30 days.

\$44.00 body work labor rate per unit.

\$78.00 frame labor rate per unit.

\$85.00 mechanical labor rate per unit.

as estimated storage charges per day after 3 days following completion.

SERVICE AUTHORIZATION

I authorize the above repairs to be done and Maaco's employees and authorized vendors to operate my vehicle for purposes of repair. I understand Maaco will not be responsible for mechanical failure or for loss or damage to cars due to causes beyond their control. I understand Maaco cannot assume responsibility for personal items left in vehicles or defects in painted areas, caused by old body work, fillers, and plastics, or customer's own body work.

I agree that if any obligation for repairs, parts or other materials is not paid when due or if suit is brought against me relating to any repair hereto, I shall pay all reasonable costs of collection including attorney's fees, court costs, interest and all other monies provided by law.

SIGNATURE

DATE _____ APPOINTMENT _____
RENTAL CAR YES NO RENTAL COMPANY _____ REF. _____



AMERICA'S BODYSHOP®

Vehicle Information:

Year: 2016

Make & Model: VW Jetta

VIN: _____

Work Order #: _____

Insurance Information:

Company: Traveler

Claim #: H1X6423001

Insurance Company Direction to Pay

As the owner of the above described vehicle, I do hereby authorize my insurance company to make checks payable to APAI LLC or Maaco Collision Repair & Auto Painting for the repairs to my vehicle. I also realize, as the owner of this vehicle that I am responsible for the repair invoice(s) should the above insurance company fail to pay for these repairs.

Customer Signature: Marlon Green Date: _____

Print name: Marlon J. Green

Power of Attorney

I do hereby appoint Maaco Collision Repair & Auto Painting as my attorney-in-fact to accept on my behalf, and all checks, drafts or Electronic Fund Transfer, for deposit to the business bank account of Maaco Collision Repair & Auto painting for payment of repairs to the vehicle listed above.

Customer Signature: Marlon Green Date: _____

Witness: _____ Date: _____

2115 Sadau Court • Denton, TX 76210 • 940.565.9605 • fax 940.591.9993

MAACO COLLISION REPAIR

2115 SADAWCT
DENTON, TX 76210

02/28/2017 15:39:50
MD: XXXXX9XXXX9972 TID: XXXXX974

CREDIT CARD

MC SALE

Card #: XXXXXXXX1933
Chip Card: CAPITAL ONE
AID: A000000041010
ATC: 0002
TC: 642238268978158F
SEQ #: 7
Batch: 2
INVO: 7
Approval Code: 068168
Entry Method: Chip Read
Mode: Issuer

SALE AMOUNT \$500.00

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement & Credit Voucher)

Mark L. Ham

MERCHANT COPY

TRAVELERS

Dallas-Claim Department-PI
 For Supplement Inspect Call 888-299-7456
 Prompt 2
 PO Box 650293
 Dallas, TX 75265
 Phone: (800) 238-6208

Claim #: 0058423001
 Workfile ID: 4b5fab49HIX6423001
 4b5fab49

Supplement of Record 1 with Summary

Written By: JOHN TALIAFERRO, 3/2/2017 2:22:24 PM
 Adjuster: WADE, REBECCA, (214) 570-6026 Business

Insured:	MARLON GREEN	Owner Policy #:	PT5010V9955651172031	Claim #:	HIX6423001
Type of Loss:	Collision	Date of Loss:	07/02/2016 12:00 AM	Days to Repair:	5
Point of Impact:	09 Left T-Bone (Left Side)	Deductible:	500.00		

Owner (Insured):	Inspection Location:	Appraiser Information:	Repair Facility:
MARLON GREEN 2411 S I-35 E #925 DENTON, TX 76210 (214) 726-2189 Evening (504) 327-8215 Cellular	GREEN, MARLON 2411 S I-35 E #925 DENTON, TX 76210 Home (214) 726-2189 Evening	jtallafe@travelers.com (940) 735-2231	Maaco Collision Repair 2115 Sadau Ct Denton, TX 76201 (940) 565-9505 Business 14187110 Federal ID

VEHICLE

2016 VW Jetta Sedan Sport Automatic PZEV 4D SED 4-1.8L Turbocharged Gasoline Gasoline Direct Injection GREY

VIN:	3VWD17AJBGM229545	Production Date:	08/2015	Interior Color:	BLK
License:	HPK1472	Odometer:	36753	Exterior Color:	GREY
State:	TX	Condition:			

TRANSMISSION	Air Conditioning	CD Player	Heated Seats
Automatic Transmission	Intermittent Wipers	Auxiliary Audio Connection	WHEELS
POWER	Tilt Wheel	Satellite Radio	Aluminum/Alloy Wheels
Power Steering	Cruise Control	SAFETY	PAINT
Power Brakes	Rear Defogger	Drivers Side Air Bag	Clear Coat Paint
Power Windows	Keyless Entry	Passenger Air Bag	Metallic Paint
Power Locks	Steering Wheel Touch Controls	Anti-Lock Brakes (4)	Stone Guard
Power Mirrors	Telescopic Wheel	4 Wheel Disc Brakes	OTHER
Heated Mirrors	Navigation System	Front Side Impact Air Bags	Fog Lamps
DECOR	Backup Camera w/Parking Sensors	Head/Curtain Air Bags	Traction Control
Dual Mirrors	RADIO	Communications System	Stability Control
Tinted/Glass	AM Radio	Hands Free Device	Rear Spoiler
Console/Storage	FM Radio	SEATS	Power Trunk/Gate Release
Overhead Console	Stereo	Bucket Seats	
CONVENIENCE	Search/Seek	Leather Seats	

Claim #: 0-0
 Workfile ID: H1X6423001
 4b5fab49

Supplement of Record 1 with Summary

2016 VW Jetta Sedan Sport Automatic PZEV 4D SED 4-1.8L Turbocharged Gasoline Gasoline Direct Injection GREY

Line	Oper	Description	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE			0.5	
2	*	R&I R&I bumper cover				
		NOTE: DROP				
3		FRONT LAMPS			0.3	
4		R&I LT R&I headlamp assy				
5		FENDER			1.0	
6		Blnd LT Fender to 01/31/2016				
7		R&I LT Fender liner w/o GLI w/fog lamps				
8		FRONT DOOR				
9	*	S01 Repl LKQ LT door assy +25%	1	658.25	1.9	3.1
10		S01 Add for Clear Coat			1.2	
11		S01 Add for Stone Guard			0.5	
12		S01 R&I LT Lower seal			0.3	
13		S01 R&I LT Belt molding w/o chrome strip			0.3	
14		S01 R&I LT R&I mirror			0.3	
15		S01 R&I LT Door glass Volkswagen			0.5	
16		S01 R&I LT Window regulator w/o GLI			0.4	
17	*	S01 R&I LT Window motor w/o GLI			0.2	
18	*	S01 R&I LT Run channel			0.2	
19		S01 R&I LT Handle, outside w/keyless entry			0.5	
20		S01 R&I LT Handle plate			0.3	
21		S01 R&I LT Lock			0.4	
22		S01 R&I LT Upper hinge			0.3	
23		S01 R&I LT Lower hinge			0.3	
24		S01 R&I LT Door check from 10/2014			0.2	
25		S01 R&I LTR&I trim panel			0.6	
26		REAR DOOR			1.1	
27		Blnd LT Outer panel				
28		R&I LT Belt w/strip w/o chrome strip			0.1	
29		R&I LT Handle, outside			0.5	
30		R&I LTR&I trim panel			0.5	
31		PILLARS, ROCKER & FLOOR				
32	*	Rpr RT Rocker			3.0	1.2
		NOTE: ivd forced over on curb				
33		S01 Overlap Major Non-Adj. Panel				-0.2
34		Add for Clear Coat				0.2
35		Add for Stone Guard				0.3
		SUBTOTALS		658.25	12.0	6.4

3/2/2017 2:22:59 PM

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Page 2

H1X6423001
4b5fab49

Claim #:

Supplement of Record 1 with Summary
2016 VW Jetta Sedan Sport Automatic PZEV 4D SED 4.1L Turbocharged Gasoline Gasoline Direct Injection GREY

ESTIMATE TOTALS

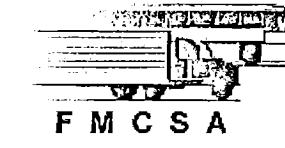
Category	Basis	Rate	Cost \$
Parts			656.25
Body Labor	12.0 hrs	@ \$ 44.00 /hr	528.00
Paint Labor	8.4 hrs	@ \$ 44.00 /hr	369.60
Paint Supplies	8.4 hrs	@ \$ 34.00 /hr	285.60
Subtotal			1,839.45
Sales Tax	\$ 941.85	@ 8.2500 %	77.70
Total Cost of Repairs			1,917.15
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			1,417.15

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Active/Pending Insurance:

Form: 85	Type: TRUST FUND	Posted Date: 10/01/2013
Policy/Surety Number: NONE	Coverage From:	\$0 To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: PACIFIC FINANCIAL ASSOCIATION, INC.

Attn: CLAIMS DEPARTMENT

Address: 12707 HIGH BLUFF DR. ST. 220
SAN DIEGO, CA 92130 US

Telephone: (800) 595 - 2615 Fax: (623) 209 - 2610

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Rejected Insurances:

Form:	Type:			
Policy/Surety Number:	Coverage From:	\$0	To:	\$0
Received:	Rejected:			
Rejected Reason:				

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

Insurance History:

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: TF010058	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 01/27/1994	To: 01/27/1996		Disposition:	Cancelled

Insurance Carrier: NORTHLAND INSURANCE COMPANY

Attn:

Address: 385 WASHINGTON STREET MAIL CODE 103
ST. PAUL, MN 55102-1309 US

Telephone: (651) 310 - 4100 Fax: (651) 310 - 4949

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: TP 3298722	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 01/27/1996	To: 07/15/1997		Disposition:	Replaced

Insurance Carrier: THE INSURANCE CO OF THE STATE OF PENNSYLVANIA

Attn: AIG GLOBAL CASUALTY-MILTON WEST

Address: 503 CARR RD, 3RD FLOOR
WILMINGTON, DE 19809 US

Telephone: (888) 609 - 7046 Fax: (302) 830 - 4533

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: AT175100235001	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 07/15/1997	To: 03/01/2001		Disposition:	Replaced

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095
WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CLP97244A	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 03/01/2001	To: 03/25/2003		Disposition:	Cancelled

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Insurance History:

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: CLP97244A	Coverage From	\$0	To:	\$1,000,000
Effective Date From: 03/01/2001	To: 03/01/2003		Disposition:	Replaced

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 91X	Type: BIPD/Primary			
Policy/Surety Number: D004A00099	Coverage From	\$0	To:	\$5,000,000
Effective Date From: 03/01/2003	To: 08/01/2004		Disposition:	Replaced

Insurance Carrier: UNITED STATES FIDELITY & GUARANTY CO.

Attn: PLEASE CONTACT YOUR LOCAL AGENT

Address: ONE TOWER SQUARE, -5GS
HARTFORD, CT 06183 US

Telephone: Fax:

Form: 34	Type: CARGO			
Policy/Surety Number: 94A070112	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 12/10/1994	To: 09/10/1995		Disposition:	Replaced

Insurance Carrier: THE REINSURANCE CORP OF NEW YORK

Attn:

Address: 80 MAIDEN LANE
NEW YORK, NY 10038 US

Telephone: Fax:

Form: 34	Type: CARGO			
Policy/Surety Number: 95A070112	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 09/10/1995	To: 07/15/1996		Disposition:	Replaced

Insurance Carrier: NAVIGATORS INSURANCE COMPANY

Attn: THOMAS McNAMARA, VP - COMMERCIAL AUTO

Address: ONE PENN PLAZA 32ND FLR
NEW YORK, NY 10119 US

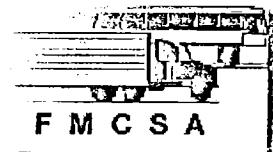
Telephone: (212) 613 - 4236 Fax: (847) 285 - 9003

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: CCIMA64631	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 07/15/1996	To: 07/31/1997			Disposition: Cancelled	

Insurance Carrier: SECURITY INSURANCE CO. OF HARTFORD

Attn:

Address: 9 FARM SPRINGS DRIVE
FARMINGTON, CT 06032 US

Telephone: (860) 674 - 6600 Fax: (860) 674 - 6991

Form: 34	Type: CARGO				
Policy/Surety Number: CCIMA64631	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 07/15/1996	To: 07/15/1997			Disposition: Replaced	

Insurance Carrier: SECURITY INSURANCE CO. OF HARTFORD

Attn:

Address: 9 FARM SPRINGS DRIVE
FARMINGTON, CT 06032 US

Telephone: (860) 674 - 6600 Fax: (860) 674 - 6991

Form: 34	Type: CARGO				
Policy/Surety Number: K0175100235002	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 07/15/1997	To: 01/02/1999			Disposition: Cancelled	

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095
WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

Form: 34	Type: CARGO				
Policy/Surety Number: K0175100235002	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 07/15/1997	To: 07/15/1998			Disposition: Replaced	

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095
WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Insurance History:

Form: 34	Type: CARGO			
Policy/Surety Number: K0175100235005	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 07/15/1998	To: 03/01/2001		Disposition: Replaced	

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095

WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

Form: 34	Type: CARGO			
Policy/Surety Number: CLP97244A	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2001	To: 03/25/2003		Disposition: Cancelled	

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277

SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO			
Policy/Surety Number: CLP97244A	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2001	To: 03/01/2003		Disposition: Replaced	

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277

SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO			
Policy/Surety Number: D004M00004	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2003	To: 03/25/2005		Disposition: Cancelled	

Insurance Carrier: DISCOVER PROPERTY & CASUALTY INSURANCE CO.

Attn:

Address: ONE TOWER SQUARE, 5GS
HARTFORD, CT 06183 US

Telephone: (866) 657 - 2827 Fax:

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Insurance History:

Form: 34 Type: CARGO

Policy/Surety Number: D004M00004

Coverage From

\$0

To:

\$5,000 *

Effective Date From: 03/01/2003

To: 03/01/2005

Disposition: Replaced

Insurance Carrier: DISCOVER PROPERTY & CASUALTY INSURANCE CO.

Attn:

Address: ONE TOWER SQUARE, 5GS

HARTFORD, CT 06183 US

Telephone: (866) 657 - 2827 Fax:

Form: 34 Type: CARGO

Policy/Surety Number: IMR6154

Coverage From

\$0

To:

\$5,000 *

Effective Date From: 03/01/2005

To: 04/05/2006

Disposition: Cancelled

Insurance Carrier: ESSEX INSURANCE COMPANY

Attn: HELEN LAMBERT, VP INLAND MARINE

Address: 4521 HIGHWOODS PARKWAY

GLEN ALLEN, VA 23060-6148 US

Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34 Type: CARGO

Policy/Surety Number: IMR6154

Coverage From

\$0

To:

\$5,000 *

Effective Date From: 03/01/2005

To: 03/01/2006

Disposition: Replaced

Insurance Carrier: ESSEX INSURANCE COMPANY

Attn: HELEN LAMBERT, VP INLAND MARINE

Address: 4521 HIGHWOODS PARKWAY

GLEN ALLEN, VA 23060-6148 US

Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34 Type: CARGO

Policy/Surety Number: IMS04489

Coverage From

\$0

To:

\$5,000 *

Effective Date From: 03/01/2006

To: 03/30/2008

Disposition: Cancelled

Insurance Carrier: ESSEX INSURANCE COMPANY

Attn: HELEN LAMBERT, VP INLAND MARINE

Address: 4521 HIGHWOODS PARKWAY

GLEN ALLEN, VA 23060-6148 US

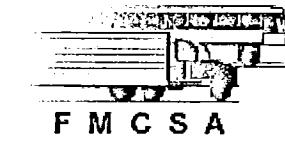
Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Insurance History:

Form: 34	Type: CARGO				
Policy/Surety Number: IMS04489	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 03/01/2006	To: 03/01/2008		Disposition: Replaced		

Insurance Carrier: ESSEX INSURANCE COMPANY
 Attn: HELEN LAMBERT, VP INLAND MARINE
 Address: 4521 HIGHWOODS PARKWAY
 GLEN ALLEN, VA 23060-6148 US
 Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34	Type: CARGO				
Policy/Surety Number: IMS09999	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 03/01/2008	To: 03/01/2009		Disposition: Replaced		

Insurance Carrier: ESSEX INSURANCE COMPANY
 Attn: HELEN LAMBERT, VP INLAND MARINE
 Address: 4521 HIGHWOODS PARKWAY
 GLEN ALLEN, VA 23060-6148 US
 Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34	Type: CARGO				
Policy/Surety Number: MZI 93005040	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 03/01/2009	To: 05/22/2010		Disposition: Cancelled		

Insurance Carrier: FIREMAN'S FUND INSURANCE CO.
 Attn: STEPHANIE RENERI, FIREMAN'S FUND MCGEE MARINE
 Address: 777 SAN MARIN DRIVE
 NOVATO, CA 94998 US
 Telephone: (415) 899 - 2000 Fax: (415) 899 - 3600

Form: 34	Type: CARGO				
Policy/Surety Number: MZI 93005040	Coverage From	\$0	To:	\$5,000	*
Effective Date From: 03/01/2009	To: 04/01/2010		Disposition: Replaced		

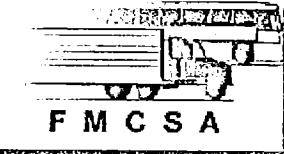
Insurance Carrier: FIREMAN'S FUND INSURANCE CO.
 Attn: STEPHANIE RENERI, FIREMAN'S FUND MCGEE MARINE
 Address: 777 SAN MARIN DRIVE
 NOVATO, CA 94998 US
 Telephone: (415) 899 - 2000 Fax: (415) 899 - 3600

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.



DBA (Doing-Business-As) Name

Insurance History:

Form: 85	Type: TRUST FUND			
Policy/Surety Number: NONE	Coverage From	\$0	To:	\$10,000 *
Effective Date From: 09/26/2013	To: 10/01/2013		Disposition: Replaced	

Insurance Carrier: PACIFIC FINANCIAL ASSOCIATION, INC.

Attn: CLAIMS DEPARTMENT

Address: 12707 HIGH BLUFF DR. ST. 220

SAN DIEGO, CA 92130 US

Telephone: (800) 595 - 2615 Fax: (623) 209 - 2610

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	10/25/2013
1	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	03/05/1991
	MOTOR PROPERTY COMMON CARRIER	GRANTED	03/05/1991
	HOUSEHOLD GOODS COMMON CARRIER	GRANTED	08/13/2010

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason

GREEN, MARLON

16 VOLKSWAGEN JETTA

12244

#MAACOVER www.maaco.com
45-2503910Store # M2078
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 565-9505
Fax # (940) 591-9993

Estimated: 2/21/2017

Date In: 2/28/2017

Promised:

Estimator: Nelson
Guzman

Body Tech:

Paint Tech:

Repair Type: Spot

GREEN, MARLON
2411 S I-35 E 925
Denton, TX 76210-
Phone 1 (214) 726-2189
Phone 2
Phone 3
Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Sedan
Lic:
VIN: 3VWD17AJ8 GM229545 Color: PLATINUM
Mileage In:
Paint Code: 9046, LD7X, BU

PAYMENT RECEIPT

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc, and are privately owned and operated

Item	Description	Code	Qty	Each	Retail
Paint	Refinish Labor	RL	6.70	44.00	294.80
Supplies-Paint	Paint Materials	PM			227.80
Body Shop	Body Labor	BL	14.00	44.00	616.00
Subtotal					1,138.60
Sales Tax					\$18.79
Grand Total					\$1157.39

Payments	2/28/2017	Credit	500.00
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Balance Due	657.39
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COMPLETION CERTIFICATE

I HAVE INSPECTED MY VEHICLE AND AM SATISFIED THAT THIS SHOP HAS COMPLETED THE SERVICES ON THE REPAIR ORDER REFERENCED ABOVE. I HAVE ALSO RECEIVED A COPY OF THIS REPAIR ORDER ALONG WITH MAACO'S WRITTEN WARRANTY.

GUARANTEE OF PAYMENT

I AGREE THAT IF ANY OBLIGATION FOR REPAIRS, PARTS OR OTHER MATERIALS IS NOT PAID WHEN DUE OR IF SUIT BROUGHT FOR PAYMENT ON THIS CHECK OR ANY REPAIR HERETO, I SHALL PAY ALL REASONABLE COSTS OF COLLECTION INCLUDING ATTORNEYS FEES, COURT COSTS, INTEREST AND ALL OTHER MONIES PROVIDED BY LAW.

X

DEPOSITS/PAYMENT

DATE _____ REC'D BY _____

METHOD OF PAYMENT CASH CHECK CREDIT CARD	TOTAL INCL. TAX	
	DEPOSITS/PAYMENT	
	BALANCE	

X

PAYMENTS

DATE _____ REC'D BY _____

CASH	<input type="checkbox"/>	PAYMENT	
CHECK	<input type="checkbox"/>		
CREDIT CARD	<input type="checkbox"/>	BALANCE	

Date: 2/28/2017

Time: 3:40 PM

Page 1 of 1

MAACO COLLISION REPAIR

2115 SADAU ST

DEMONT, TX 76210

02/28/2017

15:39:50

CREDIT CARD

MC SALE

Card:	XXXXXXXXXXXX1933
Chip Card:	CAPITAL ONE
AI:	A0000000041010
ATC	0002
FC:	64223B26A97B18AF
SEQ #:	7
Batch #:	862
INVOICE	7
Approval Code:	08516B
Entry Method:	Chip Read
Mode:	Issuer
SALE AMOUNT:	\$500.00

CUSTOMER COPY

Case 4:17-cv-00568-ALM-CAN Document 1-1 Filed 08/15/17 Page 48 of 49 PageID #: 53
Wednesday August 16th 2017 9:00 AM
Shreveport Civil Court

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TRANSMISSION VERIFICATION REPORT

TRANSACTION REPORT

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TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT
CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Denton

Before me,

David Rankin II, NotaryName and Character of Notarizing Officer,
e.g., "John Smith, Notary Public"

on this day personally appeared

Murton Green

Name of Signer

 known to me proved to me on the oath of

Name of Credible Witness

 proved to me throughDriver License

Description of Identity Card or Document

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this

5 day of August, 2017.

Day

Month

Year



Signature of Notarizing Officer

Place Notary Seal and/or Stamp Above

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